

Application or Docket Number

10/668110

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
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19	20
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81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
Class		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OTHER THAN
OR SMALL ENTITY

SMALL ENTITY

**OTHER THAN
SMALL ENTITY**

TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE[illegible]

TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE

RATE	TIONAL FEE
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TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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